

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 2, 2010

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Outpost Tavern, 2834 Folsom Street requesting a class C liquor license.

This location currently holds a liquor license but has been annexed into the City of Lincoln.

Barbara Jordan, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as she is a currently approved owner/manager by the Nebraska State Liquor Control Commission.

The required training will be completed on March 11, 2010.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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NEBRASKA LIQUOR
CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☒ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Barbara Jordan

Phone number: 402-483-5868

Firm Name _____

402-770-8846

PREMISE INFORMATION

Trade Name (doing business as) OutPost Tavern
Street Address #1 2834 Folsom
Street Address #2 _____
City Lincoln County Lancaster Zip Code 68522
Premise Telephone number 402-435-5071
Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name Barbara Jordan
Street Address #1 2834 Folsom
Street Address #2 341 Anthony Lane
City Lincoln State Ne Zip Code 68522

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Entire First Floor Approx 74' x 34' - No Basement
See Attached ~ ~ ~ →

AL CARD

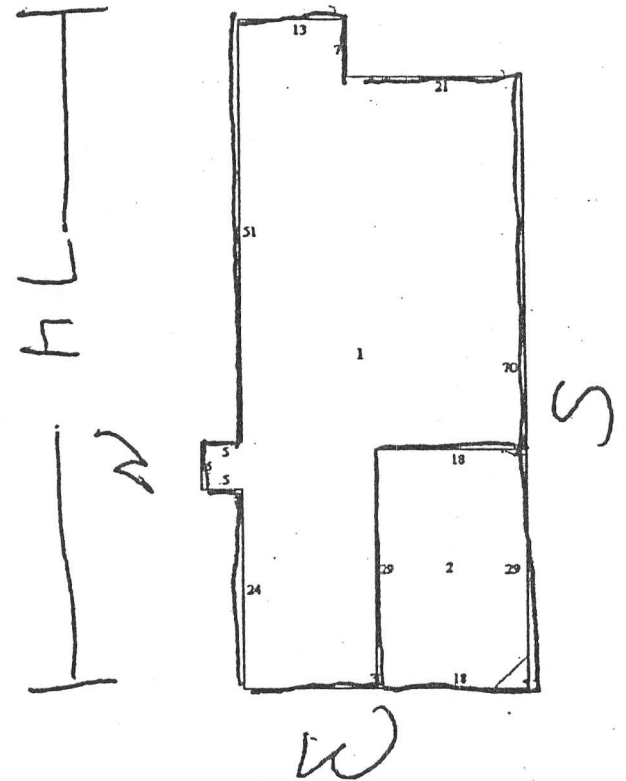
Run Date: 1/21/2010 12:41:54 PM

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INFORMATION

entical Units: 1 No. of Units: 1 Func: Fair / Average

Handwritten notes: "W" and "FW" with arrows pointing to the functional unit.



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

1-31-1988 my Spouse was closing and did not pick
up all bottles off tables. He was cited for
open container after hours. Spouse Robert Jordan

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2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number N/A annexed - 28037

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

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NEBRASKA LIQUOR
CONTROL COMMISSION

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

N/A annexed

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

annexed

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

annexed

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

annexed

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

N/A annexed

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

N/A annexed

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

NA annexed Wells Fargo - Barbara⁹ Robert Jordan
Anthony Cox

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Robert Jordan 2834 Folsom Lincoln # 06208 retired

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
<u>Barbara Jordan</u>	<u>1994 - present</u>	<u>have had license since 1994</u>

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date _____
☒ Deed
☐ Purchase Agreement

14. When do you intend to open for business? N/A annexed

15. What will be the main nature of business? Bar

16. What are the anticipated hours of operation? 12pm 1am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS - APPLICANT AND SPOUSE - MUST BE COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
<u>Barbara Jordan</u>	<u>1993</u>	<u>Present</u>	<u>Robert Jordan</u>	<u>1993</u>	<u>Present</u>
<u>Lincoln, Ne</u>			<u>Lincoln Ne</u>		
<u>341 Anthony Lane</u>			<u>341 Anthony Lane</u>		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

 _____ Signature of Applicant	 _____ Signature of Spouse
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_____ Signature of Applicant	_____ Signature of Spouse
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

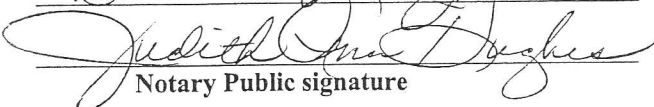
_____ Signature of Applicant	_____ Signature of Spouse
---------------------------------	------------------------------

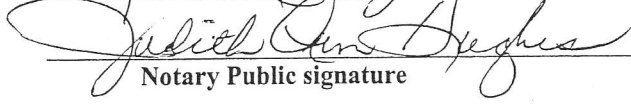
_____ Signature of Applicant	_____ Signature of Spouse
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_____ Signature of Applicant	_____ Signature of Spouse
---------------------------------	------------------------------


State of Nebraska
County of Lincoln

County of Lincoln


The foregoing instrument was acknowledged before me this 1/25/10 by Barbara L Jordan

Notary Public signature

The foregoing instrument was acknowledged before me this 1/25/10 by Robert E Jordan

Notary Public signature

Affix Seal Here

**GENERAL NOTARY - State of Nebraska**
JUDITH ANN HUGHES
My Comm. Exp. July 26, 2011

Affix Seal Here

**GENERAL NOTARY - State of Nebraska**
JUDITH ANN HUGHES
My Comm. Exp. July 26, 2011

APPLICATION FOR LIQUOR LICENSE
INDIVIDUAL
INSERT - FORM 1

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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Individual applicants, including spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: Jordan

First Name: Barbara MI: L

Home Address: 341 Anthony Lane City: Lincoln Zip Code: 68520

Social Security Number _____ Date of Birth: L

Home Telephone Number: 402-483-5868

Drivers License Number: _____ State: Ne

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Jordan

Spouses First Name: Robert MI: E

Social Security Number _____ Date of Birth: _____

Drivers License Number: _____ State: Mo

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.
A ten day advance period is required in writing to produce the alternate format.

FORM 35-4182
REVISED 05/2007

This is to clarify the Missouri License...my spouse has been living in Missouri during the months of April through December. I have had him on occasion; fill in for 2 to 3 hours during the day at the Outpost, when needed, over the winter months.

We have a home in Missouri and a Pontoon boat, they prefer you have a Missouri Dr license if you are living there longer than 6 months and enjoying their lakes. So I live in Nebraska and work and he enjoys the lakes in Missouri.

You are not allowed more than one states drivers license so he has a Missouri license.


Barbara Jordan

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CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

JUL 28 1987

LINCOLN, NEBRASKA

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JAN 28 2010

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>131 No. 18 Street</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Barbara</u> b. (Middle) <u>Lee</u> c. (Last) <u>Philipps</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD <u>P-412</u>			
7. FULL NAME a. (First) <u>Gerald</u> b. (Middle) <u>Francis</u> c. (Last) <u>Philipps</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>25</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Douglas Nebraska</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Ford - Van Lines</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Georgia</u> b. (Middle) <u>Marie</u> c. (Last) <u>Masters</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>24</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>McCook Nebraska</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Philipps -- Mother</u>			
I hereby certify that this child was born alive on the date stated above at <u>7:30</u> a.m.		18a. SIGNATURE <u>William C. Heston</u>	18b. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
18c. ADDRESS <u>Lincoln Neb.</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Gerald F. Philipps</u> <u>Route No. 1 --</u> <u>Lincoln, Nebraska</u>	
20. DATE RECD BY LOCAL REG. <u>MAR 8 1949</u>		21. REGISTRAR'S SIGNATURE <u>W. C. Heston</u>	

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NEBRASKA LIQUOR
CONTROL COMMISSION

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

Form 241

1. PLACE OF BIRTH

County Lincoln

Township _____

City Lincoln

Street Green Gables

CERTIFICATE OF BIRTH

Do not write in this space

A

If birth occurred in a hospital or institution give its NAME instead of street and number.

2. FULL NAME OF CHILD Robert Edwin Jordan

3. Sex M

If plural births

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____

Full term _____

7. Legitimate? Yes

8. Date of birth _____

(Month, day, year)

9. Full name

FATHER

10. Post Office 828 No 26 St

11. Color or race W.

12. Age at last birthday 21 (Years)

13. Birthplace (city or place) Nebraska
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. C.B. & Z

16. Date (mo. and yr.) last engaged in this work _____

17. Total time (years) spent in this work 1 yr.

18. Full maiden name

MOTHER

19. Post Office Same - 846 No. 26 St

20. Color or race W.

21. Age at last birthday 21 (Years)

22. Birthplace (city or place) Nebraska
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House work

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (mo. and yr.) last engaged in this work _____

26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

28. If stillborn, period of gestation _____

months or weeks

29. Cause of stillbirth _____

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN*

I hereby certify that I attended the birth of this child, who was born alive at 17 M. on the date above stated. (Born alive) (Stillborn)

*When no physician is in attendance certificate shall be completed and signed by the parent or other person present.

Signature J. J. Fournier

M. D.

Address 400 No 27

STATE LAW

Was silver solution instilled in each eye? Yes

Filed with local registrar FEB 22 1980

Date

F. ARNHOLT

Registrar.